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CONFIRMATION NO. 4716

<b>SERIAL NUMBER</b> 09/326,853	<b>FILING OR 371(c) DATE</b> 06/07/1999 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> 1135	
<b>APPLICANTS</b> DR VERNON WEN-HAU LIN LIN, MD, CERRITOS, CA;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 08/889,767 07/08/1997 PAT 6,306,078 and is a CON of 08/301,904 09/06/1994 PAT 5,833,595					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 07/01/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> FORREST L COLLINS COLLINS,CARY,ASSOCIATES BOX 41040 BRECKSVILLE, OH441410040					
<b>TITLE</b> TREATMENT OF EXCRETORY PROBLEMS					
<b>FILING FEE RECEIVED</b> 425	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		